

EXHIBIT B

**RETIREMENT
ACCOUNTS, INC.**

Retirement Accounts, Inc. Please direct mail to:
 717 17th Street, Suite 1700 P.O. Box 173785
 Denver, Colorado 80202-3323 Denver, CO 80217-3785
 1-800-325-4352 *FP SW too SW/MR*

**Self-Directed Individual
Retirement Account
Application**

Adoption Agreement

RECEIVED
JUN 13 2002
 RETIREMENT ACCOUNTS, INC.

Establishment and Appointment

I, the undersigned Account Owner, hereby establish a Traditional Individual Retirement Account ("IRA") under the Retirement Accounts, Inc. ("RAI") IRA Plan and Trust Agreement which is incorporated within this Adoption Agreement by this reference. I designate Retirement Accounts, Inc. as Trustee of this IRA and make the following declarations.

Account Owner Information (please type or print)Full Name Marshall PeshkinMailing Address [REDACTED]City/State/Zip North Palm Beach FL 33410

City/State/Zip

Home Telephone [REDACTED]

Business Telephone ()

Social Security Number [REDACTED]Birth Date 7/25/63**Your Beneficiary Designation**

I designate the following persons as primary and contingent beneficiaries to receive my interest in this Traditional IRA according to the terms of the IRA Plan and Trust Agreement, hereby revoking any such prior designations made by me. (Attach additional sheets if necessary and indicate % for each beneficiary.)

1. Primary Beneficiary See Attached

Full Name

Mailing Address

City/State/Zip

Birth Date

Social Security Number

Relationship

Share %

Consent of Spouse for Community Property Assets

The following must be completed only:

1. If the Account Owner is married and has designated any Primary Beneficiary other than his/her spouse; and
2. If the Account Owner's IRA includes or will include property in which his/her spouse possesses a community property interest or other type of property interest. (As of this printing the community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.)

I, the undersigned spouse of the Account Owner named above, hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse.

Signature of Spouse

X

Date

2. Contingent Beneficiary (in case of death of primary beneficiary)

Full Name

Mailing Address

City/State/Zip

Birth Date

Social Security Number

Relationship

Share %

Designated Representative Information

The following person is hereby appointed as my Designated Representative (D/R) for this Plan subject to the provisions contained in any applicable sections of the Instructions for the Traditional IRA Application.

D/R's Name

Firm Name

Firm Address

City/State/Zip

Self-Directed Individual Retirement Account Application (continued)

D/R's Phone Number ()

Broker/Dealer

Broker/Dealer's Address

City/State/Zip

IRA Program Fee Schedule Selection

☒ Simple Fee Schedule

☐ Flexible Fee Schedule

Are you establishing an IRA-SEP? ☐ Yes ☒ No

Cash Investment

I direct RAI to automatically deposit all contributions, rollovers, transfers, earnings and other cash into the FDIC-insured Peak Money Market Account. I understand that my cash is available whenever needed for other investments or withdrawals.

Trade Authorization by Phone (TAP)

I have read the Trade Authorization by Phone (TAP) section of the Instructions to the Traditional IRA Application, and I direct RAI to honor transaction requests made by telephone, on behalf of my account, in accordance with that Authorization.

☒ Yes ☐ No

(If left blank, telephone trading requests will be accepted.)

Check Enclosure Summary (Contribution Description)

IRA Contribution for 20____	\$
IRA Contribution for 20____	\$
Employer SEP Contribution for 20____	\$
Employer SEP Contribution for 20____	\$
Cash Rollover Contribution	\$
Establishment Fee* (\$25 Simple, \$50 Flexible)	\$ 25
Annual Administration Fee (Simple*: \$58; Flexible: .4% of asset value billed biannually)	\$ 58
Total Enclosed (Make checks payable to Retirement Accounts, Inc.)	\$ 83

(* These fees must be paid at the time of application.)

Your Acknowledgement and Signature

I, the undersigned, hereby acknowledge that I have read and understand all of the terms and conditions of the Instructions and Fee Schedule, Self-Directed Traditional IRA Application/Adoption Agreement, IRA Plan and Trust Agreement and IRA Disclosure Statement (collectively, "Plan Documents") and that I have retained the Plan Documents including a copy of this completed Adoption Agreement. I further acknowledge that I understand and agree to the Arbitration Statement and the Trustee's IRA Fee Schedule that are part of the Plan Documents and consent to have my conversations with RAI recorded.

Account Owner's Signature

X

Date

Please make a copy of this Application for your records.

Retirement Accounts, Inc. hereby accepts appointment as
Trustee of this IRA.

Retirement Accounts, Inc. By

Account Number (To be completed by Trustee.)

TAP ☒ Yes ☐ No